

**UNITED STATES BANKRUPTCY  
COURT NORTHERN DISTRICT OF  
GEORGIA ROME DIVISION**

<b>IN RE:</b>	)	<b>CHAPTER 13</b>
<b>MICHAEL SHANNON ARP</b>	)	
	)	
	)	
<b>DEBTOR</b>	)	<b>CASE NO. 20-40924-PWB</b>
	)	
	)	<b>JUDGE BONAPFEL</b>

**AMENDMENT TO VOLUNTARY PETITION**

**COMES NOW**, the Debtor, by and through undersigned counsel, and files this “Amendment to Bankruptcy Petition” by showing to this Honorable Court the following:

1. By amending the petition to reflect an alias.

This is the first change to the original Petition filed May 11, 2020.

This 15<sup>th</sup> day of June 2020.

/s/ Jeffrey Kelly  
Jeffrey Kelly  
LAW OFFICE OF JEFFREY B. KELLY, P.C.  
ATTORNEY FOR DEBTOR(S)  
GEORGIA BAR NO. 41279

107 E. 5<sup>th</sup> Avenue  
Rome, GA 30161  
(678) 861-1127 (Phone)  
(706) 413-1365 (Fax)  
[lawoffice@kellycanhelp.com](mailto:lawoffice@kellycanhelp.com)

AFFIDAVIT

The undersigned hereby declares under penalty of perjury, that the statements made in the foregoing are true and correct to the best of their information, knowledge and belief.

This 15<sup>th</sup> day of June 2020.

/s/ Michael Shannon Arp

Debtor

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF GEORGIA

Case number (if known)

20-40924-pwb

Chapter you are filing under:

☐ Chapter 7

☐ Chapter 11

☐ Chapter 12

☒ Chapter 13

☒ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Michael

First name

Shannon

Middle name

Bring your picture identification to your meeting with the trustee.

Arp

Last name and Suffix (Sr., Jr., II, III)

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

Michael Shanne Arp

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-6350

Debtor 1 **Michael Shannon Arp**

Case number (if known) **20-40924-pwb**

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

☒ I have not used any business name or EINs.

☐ I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

Business name(s)

EIN

EIN

**5. Where you live**

**3301 Garden Lakes Pkwy  
Apt 25A  
Rome, GA 30165**

Number, Street, City, State & ZIP Code

**Floyd**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

*Check one:*

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Michael Shannon Arp**Case number (if known) **20-40924-pwb****Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- ☐ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☒ Chapter 13
- 
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
- 
9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.
- ☐ Yes.
- |                |            |                   |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
- 
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No.
- ☐ Yes.
- |                |                           |
|----------------|---------------------------|
| Debtor _____   | Relationship to you _____ |
| District _____ | When _____                |
| Debtor _____   | Relationship to you _____ |
| District _____ | When _____                |
| Debtor _____   | Relationship to you _____ |
| District _____ | When _____                |
| Debtor _____   | Relationship to you _____ |
| District _____ | When _____                |
| Debtor _____   | Relationship to you _____ |
| District _____ | When _____                |
| Debtor _____   | Relationship to you _____ |
| District _____ | When _____                |
| Debtor _____   | Relationship to you _____ |
| District _____ | When _____                |
| Debtor _____   | Relationship to you _____ |
| District _____ | When _____                |
- 
11. **Do you rent your residence?** ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Michael Shannon Arp**Case number (if known) **20-40924-pwb****Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?**☒ No. Go to Part 4.☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State &amp; ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

☒ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**☒ No.☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property?

Number, Street, City, State &amp; Zip Code

Debtor 1 **Michael Shannon Arp**Case number (if known) **20-40924-pwb****Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Michael Shannon Arp**Case number (if known) **20-40924-pwb****Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?	16a.	<b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.
	16b.	<b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.
	16c.	State the type of debts you owe that are not consumer debts or business debts

---

17. Are you filing under Chapter 7?	<input checked="" type="checkbox"/> No.  <input type="checkbox"/> Yes.	I am not filing under Chapter 7. Go to line 18.  I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input type="checkbox"/> Yes
-------------------------------------	--	---

---

18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
--	--	--	---

---

19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
---	---	--	--

---

20. How much do you estimate your liabilities to be?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
--	---	--	--

**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ Michael Shannon Arp****Michael Shannon Arp**

Signature of Debtor 1

Signature of Debtor 2

Executed on **June 15, 2020**  
MM / DD / YYYYExecuted on \_\_\_\_\_  
MM / DD / YYYY



Debtor 1 **Michael Shannon Arp**

Case number (if known) **20-40924-pwb**

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ Jeffrey B. Kelly**

Signature of Attorney for Debtor

Date

**June 15, 2020**

MM / DD / YYYY

**Jeffrey B. Kelly 412798**

Printed name

**Law Office of Jeffrey B. Kelly, P.C.**

Firm name

**107 E. 5th Avenue  
Rome, GA 30161**

Number, Street, City, State & ZIP Code

Contact phone **678-861-1127**

Email address

**lawoffice@kellycanhelp.com**

**412798 GA**

Bar number & State

### **CERTIFICATE OF SERVICE**

This is to certify that I have this day served a copy of the foregoing Amendment to Voluntary Petition on the following by U. S. Mail, in a properly stamped and addressed envelope.

Chapter 13 Trustee  
Mary Ida Townson  
285 Peachtree Center Ave. NE  
STE 1600  
Atlanta, GA 30303

United States Department of Justice  
Office of the United States Trustee  
362 Richard Russell Federal Bldg.  
75 Spring Street  
Atlanta, GA 30303

Michael Arp  
3301 Garden Lakes Pkwy  
Rome, GA 30165

*All creditors on the attached matrix*

This 15<sup>th</sup> day of June 2020.

/s/ Jeffrey B. Kelly  
LAW OFFICE OF JEFFREY B. KELLY, P.C.  
ATTORNEY FOR DEBTOR(S)  
GEORGIA BAR NO. 412798  
107 E. 5<sup>th</sup> Avenue  
Rome, GA 30161  
(678) 861-1127 (Phone)  
(706) 413-1365 (Fax)  
[lawoffice@kellycanhelp.com](mailto:lawoffice@kellycanhelp.com)

Label Matrix for local noticing  
113E-4  
Case 20-40924-pwb  
Northern District of Georgia  
Rome  
Mon Jun 15 16:18:05 EDT 2020

24 on Physicians  
Attn #19108C  
P.O. Box 14000  
Belfast, ME 04915-4033

AT & T Mobility  
P.O. Box 538641  
Atlanta, GA 30353-8641

Ally Financial Inc.  
PO Box 380901  
Minneapolis, MN 55438-0901

Amerifinancial Solutions  
P O Box 65018  
Baltimore, MD 21264-5018

Michael Shannon Arp  
3301 Garden Lakes Pkwy  
Apt 25A  
Rome, GA 30165-1762

Capital One Auto Finance  
PO Box 259407  
Plano, TX 75025-9407

Capital One Auto Finance, a division of Capi  
4515 N Santa Fe Ave. Dept. APS  
Oklahoma City, OK 73118-7901

Charter Communications  
PO Box 9001919  
Louisville, KY 40290-1919

Collection Service of Athens  
PO Box 8048  
Athens, GA 30603-8048

Emergency Coverage Corp  
PO Box 740023  
Cincinnati, OH 45274-0023

Enhanced Recovery Co.  
P.O. Box 57547  
Jacksonville, FL 32241-7547

Equifax  
PO Box 740241  
Atlanta, GA 30374-0241

Experian  
PO Box 9701  
Allen, TX 75013-9701

(p)GEORGIA DEPARTMENT OF REVENUE  
COMPLIANCE DIVISION  
ARCS BANKRUPTCY  
1800 CENTURY BLVD NE SUITE 9100  
ATLANTA GA 30345-3202

HARBIN CLINIC LLC  
C/O NATIONWIDE RECOVERY SERVICE  
PO BOX 8005  
CLEVELAND, TN 37320-8005

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346

(p)JEFFERSON CAPITAL SYSTEMS LLC  
PO BOX 7999  
SAINT CLOUD MN 56302-7999

Jeffrey B. Kelly  
Law Office of Jeffrey B. Kelly, P.C.  
107 E. 5th Avenue  
Rome, GA 30161-1725

Local Finance of Cedartown  
321 West Ave Ste E  
Cedartown, GA 30125-3458

Local Management LLC  
PO Box 908238  
Gainesville, GA 30501-0919

(p)NATIONWIDE RECOVERY SERVICE  
PO BOX 8005  
CLEVELAND TN 37320-8005

PRA Receivables Management, LLC  
PO Box 41021  
Norfolk, VA 23541-1021

(p)PORTFOLIO RECOVERY ASSOCIATES LLC  
PO BOX 41067  
NORFOLK VA 23541-1067

Quantum3 Group LLC as agent for CF Medical L  
PO Box 788  
Kirkland, WA 98083-0788

(p)REPUBLIC FINANCE LLC  
282 TOWER RD  
PONCHATOULA LA 70454-8318

Rome Radiology Group  
P.O. Box 369  
Rome, GA 30162-0369

(p)SCANA AND SUBSIDIARIES  
220 OPERATION WAY  
MAIL CODE C 222  
CAYCE SC 29033-3701

Security Finance Corporation  
P.O. Box 1893  
Spartanburg, SC 29304-1893

Synchrony Bank  
c/o PRA Receivables Management, LLC  
PO Box 41021  
Norfolk, VA 23541-1021

Synchrony Bank  
P.O. Box 965004  
Orlando, FL 32896-5004

T&M Motors  
4274 Rockmart Rd SE  
Silver Creek, GA 30173-2434

Mary Ida Townson  
Chapter 13 Trustee  
Suite 1600  
285 Peachtree Center Ave, NE  
Atlanta, GA 30303-1259

Trans Union  
PO Box 1000  
Chester, PA 19016-1000

United States Attorney  
Northern District of Georgia  
75 Ted Turner Drive SW, Suite 600  
Atlanta GA 30303-3309

Uptown Auto Sales  
1106 Shorter Avenue  
Rome, Georgia 30165-4058

Verizon Wireless  
3 Verizon Plaza  
Alpharetta, GA 30004-8510

Wakefield and Associates  
PO Box 50250  
Knoxville, TN 37950-0250

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

Georgia Department of Revenue  
Bankruptcy Section  
PO Box 161108  
Atlanta, GA 30321-1108

Jefferson Capital Systems  
16 McLeland Road  
Saint Cloud, MN 56303

Nationwide Recovery  
545 W Inman Street  
Cleveland, TN 37311

Portfolio Recovery  
120 Corporate Blvd Suite 100  
Norfolk, VA 23502

(d)Portfolio Recovery Associates, LLC  
POB 41067  
Norfolk VA 23541

Republic Finance Inc  
1332 Chattahoochee Dr  
Rockmart, GA 30153

(d)Republic Finance, LLC  
282 Tower Rd  
Ponchatoula, La 70454

Scana Energy  
PO Box 100157  
Columbia, SC 29202-3157

End of Label Matrix  
Mailable recipients 37  
Bypassed recipients 0  
Total 37